



Section: Remittance Advice

7.5 Claim Header/Line Information for Adjustments

Adjustment requests are used to change an original claim's information. The original payment can be increased or decreased, billed units can be changed, or other changes may occur. Adjustments can occur on either the claim header level or line item level. Claim header level adjustments cannot be applied to a line item because they are not specific to an individual procedure. Void requests are used to refund the entire original payment of a claim.

Field Name	Remittance Advice Field Description
Adjustment Header Information for Claims	
Beneficiary Name	Patient name
Medicaid ID	Medicaid beneficiary's ID for this patient
Transaction Control Number	(TCN) This number uniquely identifies the claim.
Patient Account Number	Patient Account Number
Medical Record Number	The number assigned by a health care provider to a beneficiary or a claim for reference purposes. This number is printed on the RA to assist providers in identifying the patient for whom the service was rendered.
Dates of Service	First and last dates of service for this claim
Type of Bill	Depending on the type of claim submitted, the code will either be the Facility Type Code or Place of Service Code.
Servicing Provider	The Medicaid ID number of the healthcare provider who rendered the service
Servicing Provider Name	Name of the healthcare provider who rendered the service
Submitted Amount	Total charges submitted for this TCN
Fee Reduction Amount	The difference between the submitted amount and the paid amount
Patient Responsible Amount	Amount payable by the patient
Total Paid Amount	Total amount paid on this TCN. (For balancing purposes, this amount should equal submitted charges minus adjustments.)
Claim Status	Claim Status (Paid - Denied - Suspended)

Field Name	Remittance Advice Field Description
Adjustment Line Item Detail for Claims	
Item Number	The line item number on the claim
Procedure Code	The line item procedure code, if applicable
Type/Description	The type of code listed in the procedure code field
M1, M2, M3, M4	The procedure code modifiers
Revenue Code	The line item revenue code, if applicable
Tooth Code	Tooth number or quadrant (applies to dental providers only)
Servicing Provider ID	The line item servicing provider ID
Provider Control Number	The line item control number submitted in the 837, which is utilized by the provider for tracking purposes.
Dates of Service	First and last dates of service for this line item
Units	Number of units submitted for this adjustment
Submitted Amount	Submitted amount for this line item
Fee Reduction amount	The difference between the submitted amount and the paid amount
Paid Amount	Amount paid for this line item
Status	The line item status
REF: Original TCN	The original TCN of the original claim that is to be adjusted or voided
DRG Code	(Not currently used)
DRG Weight	(Not currently used)
Exception Codes	The line item exception codes

Adjustment Information Page

Adjustment Header Information

DATE: 01/07/08
PROVIDER NO: 00099999
REMITTANCE: 04957561
NPI NUMBER: 1234567890

MISSISSIPPI ENVISION MMIS
DIVISION OF MEDICAID
REMITTANCE ADVICE
ADJUSTMENTS

PAGE: 00000015
RPT PAGE: 000111098
REMIT SEQ: 00009515

CLINICS

BENEFICIARY NAME		MEDICAID ID		TCN		PAT ACCT NUM		MED REC NO					
DATES OF SERVICE TOB		SVC	PVDR	SERVICE PROVIDER NAME	SUBMITTED AMT		FEE REDUCTION AMT	PAT RESP AMT	TOT PAID AMT	STATUS			
LINE	PROC	TYPE/DESC		M1	M2	M3	M4	REVCD	THCD	SVC PROV	PROV CONTROL NO		
DATES OF SERV		LINE UNITS		LN	SUBM	AMOUNT		LN	FEE REDUCT AMT	LN	PAID AMOUNT	LN	STATUS
=====													
=====													
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NANCY BENEFICIARY		00000444777906		08000400000009778		1NAN 01001B		1NAN 01001B					
12/28/07-12/28/07		11	00001111	JAMES B PROVIDER		-80.00		-6.70		3.00	-73.30	CREDIT	
REF: ORIGINAL TCN: 08000385555144447		DRG CODE:		DRG WEIGHT: 0.00000									
1	99213	HC/HCPSCS/CPT CODE						00001111	00042888000001				
12/28/07-12/28/07		-1.00		-80.00		-6.70		-73.30		CREDIT			
NANCY BENEFICIARY		00000444777906		08000400000009779		1NAN 01001B		1NAN 01001B					
12/28/07-12/28/07		11	00001111	JAMES B PROVIDER		80.00		6.70		3.00	73.30	DEBIT	
REF: ORIGINAL TCN: 08000385555144447		DRG CODE:		DRG WEIGHT: 0.00000									
EXCEPTION CODES: 3222													
1	99213	HC/HCPSCS/CPT CODE						00001111	00042888000001				
12/28/07-12/28/07		1.00		80.00		6.70		73.30		DEBIT			

Adjustment Line Item Information